

PART B - FEE(S) TRANSMITTAL

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7590 06/14/2005

Baxter Healthcare Corporation
P.O. Box 15210
Irvine, CA 92614
08/05/2005 CNGUYEN1 00000021 021440 09963341

01 FC:1501 1400.00 DA
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Mary Stickle

(Depositor's name)

Mary Stickle

(Signature)

August 4, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,341	09/24/2001	Erwin Mattes	P-204.00 CON	2148

TITLE OF INVENTION: ALPHA 1-ANTITRYPsin PREPARATION AS WELL AS A METHOD FOR PRODUCING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/14/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HANLEY, SUSAN MARIE	1651	514-002000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Patrick S. Eagleman

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baxter Aktiengesellschaft

Vienna, Austria

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *T. Stickle*

Date Aug 3, 2005

Typed or printed name Patrick S. Eagleman

Registration No. 44,665

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Facsimile Cover Sheet



To: Mail Stop Issue Fee
Company: USPTO
Phone:
Fax: (703) 746-4000

From: Mary Stickle
Legal Assistant

Company: Baxter Healthcare Corp.
P. O. Box 15210
Irvine, CA 92623-5210
Phone: (949) 474-6450
Fax: (949) 474-6330

Date: August 4, 2005

Pages including this cover page: 3

Re: Form PTOL-85, Part B – Fee Transmittal (in duplicate) for
U.S. Serial No. 09/963,341 filed 09/24/2001
Baxter Docket No. P-204.00CON

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By Mary Stickle
Mary Stickle

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